



Worker Z#: _____

Name: _____

Birth Date: _____

**ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES**

The UC LANL HS Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. In addition to the copy we are providing you, copies of the current notice are available by accessing our website at <http://www.lanl.gov/hipaa/>, and may be obtained throughout UC LANL HS.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of (Patient) or (Patient's) Representative

Date

Print Name

Relationship to Patient

Interpreter (if applicable)